14031164097

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
2014 JAN 29 AM 9: 30
FEC MAU GENTER

1.	NAME OF		
	COMMITTEE	(in	full)

FE5AN018

TYPE OR PRINT ▼

Example: If typing, type over the lines

12FE4M5

COMMITTEE (in full)	over the lines.	Teamentheannache			
$[F_1R_1I_3E_1N_1D_1S_1]O_1F_1$ $M_1A_1T_1T_1$	$M_1A_1T_1S_1U_1N_1A_1G_1A_1 - C_1O_1N_1G_1$	$R_{i}E_{i}S_{j}S_{i}$			
	·				
ADDRESS (number and street) 1 8 8 8 1 1 1 1 1 1					
Check if different					
than previously reported. (ACC) [H ₁ O ₁ N ₁ O ₁ L	ULU	H_1 9_16	8,1,5,-		
2. FEC IDENTIFICATION NUMBER ▼	CITY	STATE A	ZIP CODE A STATE ▼ DISTRICT		
C 0 0 3 8 3 5 6 2	3. IS THIS NEW (N) OR	AMENDED (A)	[H ₁ I] [0 ₁ 2]		
4. TYPE OF REPORT (Choose One)					
(a) Quarterly Reports:	(b) 12-Day PRE-Election Report for the:	;	gg		
April 15 Quarterly Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)		
July 15 Quarterly Report (Q2)	Convention (12C)	Special (12S)			
October 15 Quarterly Report (Q3)	Election on	/ Y Y Y Y Y	in the State of		
January 31 Year-End Report (YE)	(c) 30-Day POST-Election Report for the	e:			
	General (30G)	Runoff (30R)	Special (30S)		
Termination Report (TER)	Election on	, , , , , , ,	in the State of		
5. Covering Period T 0 ' 0 1 ' 2 0 1 3 through T 2 ' 3 T ' 2 0 1 3					
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Calvin C. Ching					
Signature of Ireasurer Calm Cling Date Date Date					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.					
Office Use Only			FEC FORM 3 (Revised 02/2003)		